

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT [REDACTED]		TIME 13:24:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 303		4. BEAT/OCCUR 1522																																																																																	
5. POSITION 9161		6. LAST NAME TEAGUE		7. FIRST NAME SHIKEMA N		8. STAR NO. [REDACTED]		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F																																																																																	
10. RACE CODE BLK		11. AGE [REDACTED]		12. HT. 504		13. WT. 129																																																																																			
14. DATE OF APPT. 09-MAR-2009		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 015 1504A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																	
19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME GRIFFIN		21. FIRST NAME PHILLIP		22. M.I. J		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F																																																																																	
24. RACE BLK		25. O.O.B. [REDACTED]		26. HT. 510		27. WT. 195																																																																																			
28. ADDRESS 5242 1/2 W QUINCY ST CHICAGO, IL 60644				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																	
32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																																																																																	
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****				37. CB NO. [REDACTED]		IR NO. [REDACTED]		<input type="checkbox"/> DNA																																																																																	
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SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	720 ILCS 5.0/12-5-A, 720 ILCS 600.0/3.5-A, 720 ILCS 570.0/402-C, 520 ILCS 5.0/1.22, 720 ILCS 5.0/12-3.05-D-4		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject said he ran because he thought he had a probation warrant. He also said he never struck the officer.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officers acted within CPD guidelines. CL# was obtained due to policy not any implied wrong doing.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1049326 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

REGNIER, STEVEN T

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

15-OCT-2011 15:35:09

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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